

LEON R. Thomas.
FULL NAME

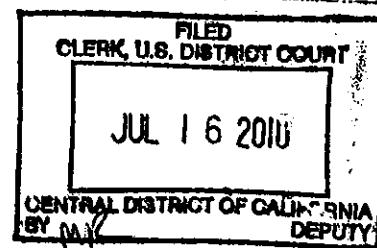
COMMITTED NAME (if different)

P.O. Box 5300 Federal Correctional Center

FULL ADDRESS INCLUDING NAME OF INSTITUTION

Adelanto, CA 92301 = Victorville

PRISON NUMBER (if applicable)

#06129-027

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

LEON R. Thomas.

PLAINTIFF,

Francisco J. Quintana v. A.W. Juggensen,
Jeffrey Allen, J. Zumkelle, H. Lopez.
DEFENDANT(S).

CASE NUMBER

CV 10-2671 DDP (FMO)*To be supplied by the Clerk*

FIRST AMENDED COMPLAINT

CIVIL RIGHTS COMPLAINT

PURSUANT TO (Check one)

 42 U.S.C. § 1983 Bivens v. Six Unknown Agents 403 U.S. 388 (1971)

A. PREVIOUS LAWSUITS

1. Have you brought any other lawsuits in a federal court while a prisoner: Yes No
2. If your answer to "1." is yes, how many? 2

Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)

- 1.) Newspaper Company - Hammond Times, Issue - Incorrect Article in their newspaper, 2000 Hammond, Indiana.
- 2.) Metropolitan Correctional Center, Issue - Built me AND handicap shower seat in the year 2000, the shower seat collapsed to the floor, causing portions of the wall to fall on top of me while on the floor, unprofessional inmates did the installing, lawsuit didn't survive Summary judgement, because I had Tort claim in at same time, law suit dismissed, but a settlement was reached with federal officials.

a. Parties to this previous lawsuit:

Plaintiff _____

LEON R. Thomas

Defendants _____

Metropolitan Correctional Center

b. Court _____

United States District Court

c. Docket or case number _____

UNKNOWN

d. Name of judge to whom case was assigned _____

UNKNOWN

e. Disposition (For example: Was the case dismissed? If so, what was the basis for dismissal? Was it appealed? Is it still pending?) _____

DISMISSED

f. Issues raised: _____

Back Injuries, Head Injuries

g. Approximate date of filing lawsuit: _____

2000

h. Approximate date of disposition _____

Around April 2000

B. EXHAUSTION OF ADMINISTRATIVE REMEDIES

1. Is there a grievance procedure available at the institution where the events relating to your current complaint occurred? Yes No

2. Have you filed a grievance concerning the facts relating to your current complaint? Yes No

If your answer is no, explain why not _____

3. Is the grievance procedure completed? Yes No

If your answer is no, explain why not _____

4. Please attach copies of papers related to the grievance procedure. OTAY

C. JURISDICTION

This complaint alleges that the civil rights of plaintiff _____

LEON R. Thomas.

(print plaintiff's name)

who presently resides at _____

Federal Correctional Complex P.O. Box 5300 Alhambra, Ca 91301.

(mailing address or place of confinement)

were violated by the actions of the defendant(s) named below, which actions were directed against plaintiff at

Victorville "USP"

(institution/city where violation occurred)

on (date or dates) _____
(Claim I) _____ (Claim II) _____ (Claim III) _____

NOTE: You need not name more than one defendant or allege more than one claim. If you are naming more than five (5) defendants, make a copy of this page to provide the information for additional defendants.

1. Defendant Francisco J. Quintana resides or works at
(full name of first defendant)
United States Penitentiary P.O.Box 5900 Adelanto, CA 92301
(full address of first defendant)
Warden
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

Defendant denied me seriously NEED medical/ equipment.
"SEE MEMORANDUM OF LAW"

2. Defendant A.W. Jorgensen resides or works at
(full name of first defendant)
Federal Correctional Complex L P.O.Box 5400 Adelanto, CA 92301
(full address of first defendant)
Associate Warden
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

Defendant denied me seriously NEEDED medical/ equipment.
"SEE MEMORANDUM OF LAW"

3. Defendant Jeffery Allen resides or works at
(full name of first defendant)
Federal Bureau of Prison 320 First Street N.W. Washington D.C. 20530
(full address of first defendant)
Medical Designator
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

Defendant denied me seriously NEEDED medical/ equipment.
"SEE MEMORANDUM OF LAW"

4. Defendant

J. Zumkher

(full name of first defendant)

Federal Correctional Complex P.O. Box 5300 Adelanto, CA 92301

(full address of first defendant)

Officer

(defendant's position and title, if any)

resides or works at

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

Officer Zumkher, physically Assaulted me by throwing me out of my wheelchair to the floor while handcuffed on 8-13-09.

5. Defendant

K. Lopez

resides or works at

(full name of first defendant)

Federal Correctional Complex P.O. Box 5300 Adelanto, CA 92301

(full address of first defendant)

Lieutenant

(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

Knowingly AND INTENTIONALLY USED THE WARDEN NAME (CLIED) to GET ME TO SIGN OFF ON AN ADA Complaint.

D. CLAIMS*

CLAIM I

The following civil right has been violated:

Defendant J. Zumkler, is being charged with physical abuse.

All other defendants are being charged with physical torture AND medical neglect.

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

Defendant, Francisco J. Quintana, A.W. Jurgensen, Jeffrey Allen, Officer J. Zumkler, L.T. Lopez are all listed in separate memorandums.

= Continue's =

*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

E. REQUEST FOR RELIEF

I believe that I am entitled to the following specific relief:

THAT I HAVE MY DAY IN COURT WITH ALL DEFENDANTS AND THAT I BE SENT TO A MEDICAL CENTER, AND BE AWARDED THE SUM OF \$2000 FROM EACH DEFENDANT AND A TRIAL BY JURY AND ALSO BE AWARDED ATTORNEY FEE'S AND ALL COST OF THIS ACTION BE TAXED AGAINST THE DEFENDANTS.

Also the plaintiff is requesting special intervention from the court to be properly placed at an medical center, and given all of his medical supplies.

7/9/10

(Date)

Leon R. Thomas

(Signature of Plaintiff)

CENTRAL DISTRICT OF CALIFORNIA.

LEON R. Thomas,

Plaintiff

v.

Francisco J. Quintana

Defendants

(1)

CAUSE NO. CV-10-2761-DDP(FM)

"MEMORANDUM OF LAW"

Plaintiff is now suing all defendants in their individual capacity, for deliberately violating the plaintiff constitutional rights.

1.) Francisco J. Quintana, The plaintiff wrote WARDEN Quintana numerous letters] AND file numerous complaints against his correctional STAFF after plaintiff medical supplies came up missing after the plaintiff was transferred from the special housing unit, to another special housing unit, at the FCCI. The plaintiff was placed in A non-handicap cell at the FCCI the cell which correctional staff calls AND handicap cell, had "no handicap rails around the toilet AND the bottom shower button was broken, the plaintiff stay in the cell in that condition for (10) ten months before prison official decided to fix the cell AND install handicap rails

AROUND the toilet AND fix the bottom handicap shower.
Also the plaintiff was DENIED his medical equipment for
(10) ten months, wheelchair cushion, back brace, AND trapeze
Injuries

- 1.) The plaintiff suffered more injuries to his back, buttock AND leg for being forced to sit in a wheelchair without the wheelchair cushion; this CAUSED SEVERE PAIN to the back, legs AND buttocks, AND MADE bed SORES on the plaintiff leg AND buttocks.
- 2.) The plaintiff was without his medical back brace for (10) ten months, this CAUSED the plaintiff to have SEVERE PAIN AND the plaintiff was out right denied his medical trapeze to pull his self up from the bed, AND TURN over from side to side; the plaintiff had to make AND trapeze out of old socks AND torn sheets, to pull himself up out of the bed, AND sometimes the socks AND sheet, GAVE WAY AND RIPPED causing the plaintiff to re-injury his back.

"Charges.. WARDEN Quintana, is being charge with failure to act, when he was aware his correctional staff

"conts"

WAS deliberately neglecting the plaintiff of his medical supplies AND the deliberate infliction of pain the prison correctional staff took the plaintiff through.

A.W. Jurgensen, MR. Jurgensen, was the acting warden at the FCI the plaintiff wrote numerous letters and complaints to and against MR. Jurgensen, MR. Jurgensen, would not allow any handicap rails in the plaintiff, handicap cell, the plaintiff had to personally talk to MR. Robert McFadden of the Western Regional Office and MR. Harley Bo Lappin, of the Central Office when they both visited the institution; about not having any handicap rails around the toilet, that's when they sent the Health Service Admin. MR. L. Sterling to inspect my cell, and then I was finally installed handicap rails around the toilet in my cell, this took (10) ten months. Also MR. Sterling ordered me a wheelchair cushion, and when it came in MR. Jurgensen would not let me have it in my cell. Also MR. Jurgensen denied me my medical back brace when MR. L. Sterling ordered it. MR. Jurgensen, also would not let me have my medical trapeze in my cell, the plaintiff had to make a trapeze out of socks and sheets and when it gave way and ripped, the plaintiff back was

RE-INJURED.

H.W. Jorgensen, is being charged with causing the plaintiff unnecessary pain and suffering AND interfering with the plaintiff medical issue's.

Jeffery Allen, IS the Central Office Medical Designator. Mr. Allen, has on numerous occasions denied the plaintiff a medical transfer, without explanation. Medical professional staff evaluate the plaintiff AND determines that it is in the institution best interest to send the plaintiff to a medical center or care level 3 facility, which is handicap equipped. Mr. Allen, goes against all medical personal, the medical doctor, AND the security of the prison staff. Mr. Allen, knows USP Victorville is not handicap equipped AND do not care if it is a struggle AND hard for me to get around from day to day.

Injuries, The plaintiff has fell in the non-handicap shower in the 2B UNIT of Victorville prison, AND hurt his back this has happen twice. The showers at Victorville is not handicap equipped, their are "no rails" in the shower coming into the shower OR out the shower. Medical records will confirm for the United States District Court

that plaintiff did fall and injured himself on (2) different occasions, the plaintiff was taken to the medical section AND WAS given injections in his back to relieve the pain.

Facts; The plaintiff is not housed at AND handicap equipped facility.

■ An handicap equipped facility has the following..,

- I.) HANDicap exists around the shower, toilet "anywhere in the institution.", AND their is shower holes in the showers.
- II.) Also the facility has handicap tables in the cell, AND mirrors low enough for A wheelchair person to use.
- III.) Also AND handicap equipped facility has handicap restroom, in the RECREATION AREA, dining hall, AND law library.
- IV.) Also AND handicap facility will NEVER deny AN handicap PERSON ANY of his medical equipment, such AS A medical trapeze, when this device is for A person such AS myself, to turn over from side to side AND to pull yourself up out of the bed.

V.) Supporting Facts, The plaintiff has approved paperwork for ALL his NEEDED medical equipment AND THE Administration states, you can not have it here at Victorville, so

We the medical staff AND doctor ARE putting you IN for A transfer, the transfer is APPROVED by the Regional Medical Designate OR Regional Office, then MR. Jeffery Allen denies it when its gets to the Central office, without explanation. Finally, Deliberate Indifference, come's in when MR. Allen denies me A transfer, when he KNOWS that the institution IS NOT going to give me ALL of my medical equipment here at Victorville, for security reasons, so MR. Allen should know that the plaintiff will suffer without certain medical equipment especially his medical trapeze. "MR. Allen is totally responsible for all injuries to the plaintiff because the institution sent several transfers to MR. Allen, and he took all transfers down, going against ALL professional judgement from medical personal AND medical doctors.

Therefore, MR. Jeffery Allen, failure to act on the plaintiff medical needs is in violation of constitutional right to adequate medical CARE, SEE Hutchinson v. United States; 838 F.2d 390, 394 (9th Cir. 1988, Also Estelle v. Gamble, 429 U.S. 97, 104, 97 S.Ct. 285, 291 (1976) Also SEE Clement v. Gomez; 298 F.3d 898, 904 (9th Cir. 2002). Also MR. Allen had my prosthetic leg taken from me in 2007 AND it is 2010 AND I still do not have it.

Officer J. Zumkler, subjected the plaintiff to physical abuse, by illegally throwing the plaintiff out of his wheelchair to the floor, while handcuffed, because the plaintiff ask to speak to the lieutenant on duty. On 8-13-09 the plaintiff was being taken to the special housing Unit, officer Zumkler, came and tried to handcuff the plaintiff, I stated to officer Zumkler, you ain't doing nothing to me, so I ask another officer to handcuff me, after I was handcuffed officer Sheppard got behind my wheelchair and was pushing me to the (SHU), I then ask to speak with a lieutenant; the next thing I knew officer J. Zumkler, had made his way behind my wheelchair and lifted me up and threw me on the floor, injuring my back, leg, arm, I then became angry started cussing at officer Zumkler he then leaved over me, while I am on the floor and tried to hit me, with his fist balled up, officer Sheppard and Lieutenant Bent, had to stop him, officer J. Zumkler; on (2) two different occasions, tried to hit me, while I was laying on the floor handcuffed; this officer had to be physically restrained by other officers, I am asking for the United States District Court, to review the CAMERA INSIDE the lieutenants' office, while I am laying on the

Lieutenant K. Lopez, Is being charged with violating my due process right AND using the WARDENS NAME in a direct lie to achieve his goal. On 2-17-10 Lt.Lope came over to the FCCI where I was being housed AND had me handcuffed AND brought to LT.Pfister office AND stated to me, I am here because of the complaint you filed against WARDEN Quintana, AND I was sent to tell you if you sign off on the complaint, you will get ALL your medical supplies AND be released back to the general population. IN believing Lt.K.Lopez, I sign off on the complaint; AND found out Lt.K.Lopez had lied AND USE THE WARDEN NAME to achieve his goal, I never receive ANY of my medical supplies NOR WAS I RELEASE BACK TO THE GENERAL population. Lt.K.Lopez, in his individual capacity, should be charged with a crime under the 14th Amendment for violating the plaintiff due process rights, AND equal protection rights., clearly established law, clearly prohibits such conduct, Also SEE Farmer V. Brennan, At 511 U.S. At 837, 114 S.Ct At 1979.

Certificate of Service

I do hereby certify that I have served (4) four copies of my First Amend Complaint, properly addressed with proper postage affixed theron in the United States mail on the following ..,

Clerk of Court.

United States District Court
Central District of California
312 North Spring Street
Room - 68
Los Angeles, California
90012

Respectfully Submitted
Leon Thomas #06129-a
Federal Correctional Corp
P.O. Box 5300

Adelanto, Ca
92301

This 9th day of July 2010.

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-DIR-9 and BP-DIR-10, including any attachments must be submitted with this appeal.

From: Thomas Leon X

LAST NAME, FIRST, MIDDLE INITIAL

#06129-027

REG. NO.

UNIT

INSTITUTION

Part A—REASON FOR APPEAL It has been (7) Seven months since L.T. K. LOPEZ AND THE P.A. Elvarez, took my medical supplies, my BACK BRACE, wheelchair cushion, and my wheelchair gloves, AND my medical TRAPEZE. These prison officials ARE denying me my handic equipment AND making me suffer, just to be MEAN, I HAVE bed sores on my body because I am UNABLE to turn over from side to side, my back is constantly hurting because I AM BEEN DENIED my medical back brace I am been forced to sleep in my wheelchair; because my back is constantly hurting. Also I have mailed the Regional Doctor MR. Jim Pelton, AND Mr. Robert McFar. A copy of my medical papers indicating that I AM A CARE LEVEL 3 PRIS but confined IN A CARE LEVEL 1&2 PRISONS, its seems both officials would NOT RESPOND to my CARE LEVEL 3 ISSUES. I AM REQUESTING to have my medical supplies AN to be transferred to a CARE LEVEL 3 prison. Leon Thomas

2-10-10

DATE

SIGNATURE OF REQUESTER

"CONFIDENTIAL ATTACHMENT SHEET"

Part B—RESPONSE

DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 566304-A1

Part C—RECEIPT

CASE NUMBER: _____

Return to: _____

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

DATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

BP-231(13)

APRIL 1982

BK 117 Attachment Sheet

On 2-10-10, the health Service Administrator MR. L. Sterling came to my cell on the special housing unit, AND stated to me that my wheelchair cushion has ~~been~~ come in that he ordered for me, but the A.W. Jurgensen stated that I could not have it, on the S.H.U.. It should be noted that I had the same exact medical wheel
chair cushion everywhere I have been all other institution including Victorville" S.H.U.. Also when I was told to pack up my belongings at the first Victorville S.H.U., I had the exact medical wheel chair cushion in my cell; so there is NO reason why I can not have the same exact cushion AGAIN.

Finally, I am requesting to be allowed to have ALL OF my medical supplies AND for the PRISON officials to stop denying me my medical equipment AND ALSO transfer me to a medical institution OR CARE level 3 PRISON.

=Thank You=

Leon Thomas #0129-02
 F.C.C. L Medium
 P.O. Box 5300
 Adelanto, Ca 92301

Administrative Remedy No. 566304-A1

Part B- Response

This is in response to your Central Office Administrative Remedy Appeal in which you contend you are a disabled amputee and confined in a wheelchair. You further contend you are not incarcerated in a facility that can accommodate the disabled. As relief, you request re-designation to a higher level patient care status and transferred to a Care Level III facility.

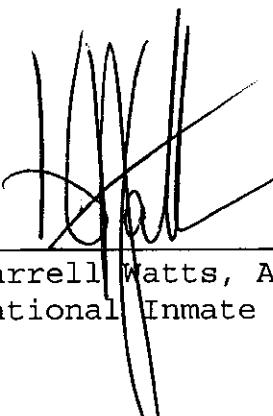
Relevant portions of your medical record have been reviewed which reveal you are receiving appropriate medical treatment. On May 5, 2009, Medical Designations denied your request for a transfer. You are appropriately assigned at your current institution and accommodations have been made for your existing conditions. Your medical condition does not require an increase in your Care Level status. You are encouraged to cooperate with staff to enhance their ability to provide essential medical care.

The record reflects you are receiving medical care and treatment in accordance with Bureau policy. You are encouraged to attend sick call if your condition changes.

Your appeal is denied.

April 28, 2010

Date



Harrell Watts, Administrator
National Inmate Appeals

Medical Duty Status

Reg #: 06129-027

Inmate Name: THOMAS, LEON

Housing Status

confined to the living quarters except meals pill line treatments Exp. Date: _____
 on complete bed rest: bathroom privileges only Exp. Date: _____
 cell: cell on first floor single cell lower bunk airborne infection isolation Exp. Date: 12/31/2010
 other: Please allow extra toilet paper and wooden crutches. Exp. Date: 06/30/2010

Physical Limitation/Restriction

all sports Exp. Date: 12/31/2010
 weightlifting: upper body lower body Exp. Date: _____
 cardiovascular exercise: running jogging walking softball
 football basketball handball stationary equipment Exp. Date: _____
 other: Exp. Date: _____

May have the following equipment in his / her possession:

Equipment	Start Date	End Date
Crutches	08/07/2009	
Cushion: foam/gel	02/20/2009	12/31/2010
Medical Shoes	02/10/2009	12/31/2010
Brace - back	10/30/2008	07/28/2010
Wheelchair	09/17/2008	12/31/2010
Medical Shoes	09/17/2008	12/31/2010
Brace - back	09/17/2008	12/31/2010
Trapeze	09/17/2008	04/20/2010
Crutches	09/12/2008	12/31/2010
Cushion: foam/gel	09/12/2008	12/31/2010
Trapeze	09/12/2008	04/20/2010
Wheelchair	09/12/2008	04/20/2010

Work Restriction / Limitation

Cleared for Food Service: No _____

 No Restrictions

Restraint/Restrictions:

cuff only front no leg irons no face down position in four-point restraints
 no CN gas no pepper spray
 no cuff: right arm left arm right leg left leg
 other: _____ Exp. Date: _____

Comments: N/A

Arce, Bernaliza MLP

01/06/2010

Health Services Staff

Date

Inmate Name: _____

THOMAS, LEON

Reg #: 06129-027

Quarters: Z02

Bureau of Prisons**Health Services****Medical Duty Status**

Reg #: 06129-027

Inmate Name: THOMAS, LEON

Housing Status

confined to the living quarters except meals pill line treatments Exp. Date: _____
 on complete bed rest: bathroom privileges only Exp. Date: _____
 cell: cell on first floor single cell lower bunk airborne infection isolation Exp. Date: 12/31/2009
 other: Exp. Date: _____

Physical Limitation/Restriction

all sports Exp. Date: 12/31/2009
 weightlifting: upper body lower body Exp. Date: _____
 cardiovascular exercise: running jogging walking softball Exp. Date: _____
 football basketball handball stationary equipment
 other: Exp. Date: _____

May have the following equipment in his / her possession:

Equipment	Start Date	End Date
Cushion: foam/gel	02/20/2009	12/31/2009
Medical Shoes	02/10/2009	12/31/2009
Brace - back	10/30/2008	07/28/2009
Wheelchair	09/17/2008	12/31/2009
Medical Shoes	09/17/2008	12/31/2009
Brace - back	09/17/2008	12/31/2009
Trapeze	09/17/2008	04/20/2009
Crutches	09/12/2008	12/31/2009
Cushion: foam/gel	09/12/2008	12/31/2009
Trapeze	09/12/2008	04/20/2009
Wheelchair	09/12/2008	04/20/2009

Work Restriction / Limitation:

Cleared for Food Service: No _____

Restriction _____

Expiration Date
12/31/2009

No Duty

Restraint Restrictions:

cuff only front no leg irons no face down position in four-point restraints
 no CN gas no pepper spray
 no cuff: right arm left arm right leg left leg
 other: _____ Exp. Date: _____

Comments: N/A

Elevazo, Jimmy MLP 04/20/2009

Date

Health Services Staff

Inmate Name: THOMAS, LEON Reg #: 06129-027 Quarters: Z01

Bureau of Prisons

Health Services

Medical Duty Status

Reg #: 06129-027

Inmate Name: THOMAS, LEON

Housing Status:

confined to the living unit except for: meals pill line treatments Exp. Date: _____
 on complete bed rest: bathroom privileges only Exp. Date: _____
 cell: cell on first floor single cell lower bunk airborne infection isolation Exp. Date: 12/25/2008
 other: allowed to have basin for foot soaking. Exp. Date: 12/25/2008

Physical Limitation/Restriction:

all sports Exp. Date: _____
 weightlifting: upper body lower body Exp. Date: _____
 cardiovascular exercise: running jogging walking softball Exp. Date: _____
 football basketball handball stationary equipment
 other: _____ Exp. Date: _____

May have the following equipment in his/ her possession:

Equipment	Start Date	End Date
Wheelchair	09/17/2008	
Medical Shoes	09/17/2008	
Brace - back	09/17/2008	
Trapeze	09/17/2008	
Crutches	09/12/2008	
Cushion: foam/gel	09/12/2008	
Trapeze	09/12/2008	
Wheelchair	09/12/2008	

Work Restriction/ Limitation:

Cleared for Food Service: No _____

 No Restrictions**Restraint Restrictions:**

cuff only front no leg irons no face down position in four-point restraints
 no CN gas no pepper spray
 no cuff: right arm left arm right leg left leg
 other: _____ Exp. Date: _____

Comments: N/A

Fernandez, Jesus MD

09/17/2008

Health Services Staff

Date

Inmate Name: THOMAS, LEON Reg #: 06129-027 Quarters: A23

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

NOTICE OF DOCUMENT DISCREPANCIES

To: U.S. District Judge / U.S. Magistrate Judge FMO m/s

From: M. Ramirez, Deputy Clerk

Date Received: 6/24/2010

Case No.: CV 10-2671 DDP (FMO)

Case Title: Leon Thomas v. Francisco Giuntaia

Document Entitled: Motion to Submit Final Administrative Record's

Upon the submission of the attached document(s), it was noted that the following discrepancies exist:

- Local Rule 11-3.1 Document not legible
- Local Rule 11-3.8 Lacking name, address, phone and facsimile numbers
- Local Rule 11-4.1 No copy provided for judge
- Local Rule 19-1 Complaint/Petition includes more than ten (10) Does or fictitiously named parties
- Local Rule 15-1 Proposed amended pleading not under separate cover
- Local Rule 11-6 Memorandum/brief exceeds 25 pages
- Local Rule 11-8 Memorandum/brief exceeding 10 pages shall contain table of contents
- Local Rule 7.1-1 No Certification of Interested Parties and/or no copies
- Local Rule 6.1 Written notice of motion lacking or timeliness of notice incorrect
- Local Rule 56-1 Statement of uncontested facts and/or proposed judgment lacking
- Local Rule 56-2 Statement of genuine issues of material fact lacking
- Local Rule 7-19.1 Notice to other parties of ex parte application lacking
- Local Rule 16-6 Pretrial conference order not signed by all counsel
- FRCvP Rule 5(d) No proof of service attached to document(s)
- Other: See Court's Order of June 28, 2010. Attach these documents to First Amended Complaint.

→ "Complied With Court Order
 OF JUNE 28, 2010.
 ✓ FIRST ATTACHED
 WAS MAIL OFF ON 7-14-10.
 → THEN THE PLAINTIFF FILED
 THESE DOCUMENTS IN THE MAIL
 7-16-10. PLEASE EXCUSE
 THESE DOCUMENTS.
 THANK YOU."

Note: Please refer to the court's Internet website at www.cacd.uscourts.gov for local rules and applicable forms.

ORDER OF THE JUDGE/MAGISTRATE JUDGE

IT IS HEREBY ORDERED:

- The document is to be filed and processed. The filing date is ORDERED to be the date the document was stamped "received but not filed" with the Clerk. Counsel* is advised that any further failure to comply with the Local Rules may lead to penalties pursuant to Local Rule 83-7.

Date

U.S. District Judge / U.S. Magistrate Judge

- The document is NOT to be filed, but instead REJECTED, and is ORDERED returned to *counsel. *Counsel shall immediately notify, in writing, all parties previously served with the attached documents that said documents have not been filed with the Court.

Date

U.S. District Judge / U.S. Magistrate Judge

*The term "counsel" as used herein also includes any pro se party. See Local Rule 1-3.

IN THE UNITED STATES DISTRICT
COURT CENTRAL DISTRICT OF CALIFORNIA.

LEON R. Thomas.

(1)

Cause No. CV-10-2671(FM)

Plaintiff

v.

Francisco J. Quintana.

Defendant

"First Amended Complaint"

" Motion To Submitt Final Administrative Remedies"

Come's now the plaintiff LEON R. Thomas, pro-se and would like to submit his Final Administrative Remedies, to the court in the above styled case:

- 1) The plaintiff is now submitting his BP-11, from the Central Office, the highest the plaintiff can go with his Administrative Remedies.
- 2) Also the plaintiff would like the court to know that the defendants in the above case, only "re-copies" all reply's to any of the plaintiff Administrative Appeals, A [careful review] of the numerous letters or

Administrative Appeals, to the Warden, Regional Director,
the central office, All Reply's ARE RE-COPIES of
the first Administrative Response.

3.) The BOP officials will not address the real issue in
any of their responses., like

- A.) The plaintiff is "NO longer in the general population,
but confined in disciplinary segregation, AND is being denied
[All] medical handicap Equipment, until he is transferred.
- B.) The problem is the receiving institution will not except
the plaintiff, because he is handicap, confined to a wheelchair
AND his right leg has been Amputated, AND the plaintiff is
in NEED of his medical trapeze AND medical back brace
etc..
- C.) None of the BOP officials wants to tell the
Court that the prison officials ARE keeping the plaintiff
on lock up until he is transferred AND "without Any
medical supplies"; AND is violating all the plaintiff
constitutional rights.

"Certificate of Service"

I do certify that I have served (2) two copies of my Final Administrative Remedies, properly addressed, with proper postage affixed thereto, in the United States Mail, on the following ..

Clerk of Court:

United States District Court
Central District of California
312 North Spring Street
Room-68
Los Angeles, California
90012

Respectfully Submitted
Jean H. Thomas #06129-0
Federal Courthouse
P.O. Box 5300
Adelanto, Ca
92301

This 21st day of JUNE 2010.

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-DIR-9 and BP-DIR-10, including any attachments must be submitted with this appeal.

From: Thomas Leon L

LAST NAME, FIRST, MIDDLE INITIAL

#16129-027

REG. NO.

UNIT

INSTITUTION

FCC/SHI, Victorville

Part A—REASON FOR APPEAL It has been (7) SEVEN months since LT. E. LOPEZ AND THE P.A. Elvarez, took my medical supplies, my Back Brace, wheelchair cushion, and my wheelchair gloves, AND my medical TRAPEZE. These prison officials ARE DENYING me my handicapped equipment AND MAKING me SUFFER, just to be MEAN, I HAVE bed SORES on my body because I AM UNABLE to TURN OVER from side to side, my back is constantly hurting because I AM BEEN DENIED my medical back brace. I AM BEEN FORCED to SLEEP in my wheelchair; because my back is constantly hurting. Also I HAVE MAILED the Regional Doctor MR. Jim Pelton, AND MR. Robert McFadden, A COPY OF my medical PAPERS indicating that I AM A CARE LEVEL 3 PRISONER but CONFINED IN A CARE LEVEL 1&2 PRISONS, its seems both officials would NOT RESPOND to my CARE LEVEL 3 ISSUES. I AM REQUESTING to have my medical supplies AN TO BE TRANSFERRED to a CARE LEVEL 3 PRISON. Leon Thomas.

2-10-10

DATE

SIGNATURE OF REQUESTER

"CONFIDENTIAL ATTACHMENT SHEET!"**Part B—RESPONSE**

2010

DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER:

566304-A1**Part C—RECEIPT**

CASE NUMBER:

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

DATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

USP LVN

BP-231(13)
APRIL 1982

BP 114 Attachment Sheet

On 2-10-10, the health Service Administrator M.R. L. Sterling came to my cell on the special housing unit, AND STATED TO ME THAT MY WHEELCHAIR CUSHION HAS ~~COMING~~ COME IN THAT HE ORDERED FOR ME, BUT THE A.W. JORGENSEN STATED THAT I COULD NOT HAVE IT, ON THE S.H.U.. IT SHOULD BE NOTED THAT I HAD THE SAME EXACT MEDICAL ~~WHEEL~~^{CHAIR} CUSHION EVERYWHERE I HAVE BEEN ALL OTHER INSTITUTIONS INCLUDING Victorville" S.H.U. ALSO WHEN I WAS TOLD TO PACK UP MY BELONGINGS AT THE FIRST VICTORVILLE S.H.U., I HAD THE EXACT MEDICAL WHEELCHAIR CUSHION IN MY CELL; SO THERE IS NO REASON WHY I CAN NOT HAVE THE SAME EXACT CUSHION AGAIN.

Finally, I AM REQUESTING TO BE ALLOWED TO HAVE ALL OF MY MEDICAL SUPPLIES AND FOR THE PRISON OFFICIALS TO STOP DENYING ME MY MEDICAL EQUIPMENT AND ALSO TRANSFER ME TO A MEDICAL INSTITUTION OR CARE LEVEL 3 PRISON.

=THANK YOU=

Leon Thomas #06129-02
F.C.C. L Medium
P.O. Box 5300
Adelanto, Ca 92301

Administrative Remedy No. 566304-A1

Part B- Response

This is in response to your Central Office Administrative Remedy Appeal in which you contend you are a disabled amputee and confined in a wheelchair. You further contend you are not incarcerated in a facility that can accommodate the disabled. As relief, you request re-designation to a higher level patient care status and transferred to a Care Level III facility.

Relevant portions of your medical record have been reviewed which reveal you are receiving appropriate medical treatment. On May 5, 2009, Medical Designations denied your request for a transfer. You are appropriately assigned at your current institution and accommodations have been made for your existing conditions. Your medical condition does not require an increase in your Care Level status. You are encouraged to cooperate with staff to enhance their ability to provide essential medical care.

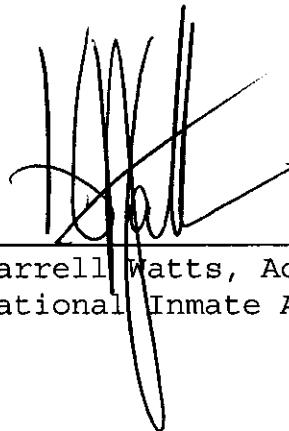
The record reflects you are receiving medical care and treatment in accordance with Bureau policy. You are encouraged to attend sick call if your condition changes.

Your appeal is denied.

April 28, 2010

Date

Harrell Watts, Administrator
National Inmate Appeals

A handwritten signature in black ink, appearing to read "Harrell Watts", is written over a stylized, decorative flourish. The signature is fluid and cursive, with the name "Harrell" on top and "Watts" below it, though the letters are somewhat interconnected.

United States Senate

WASHINGTON, DC 20510-0504

<http://feinstein.senate.gov>

July 24, 2009

Mr. Leon Thomas
#06129-027
USP-Victorville
PO Box 5300
Adelanto, California 92301

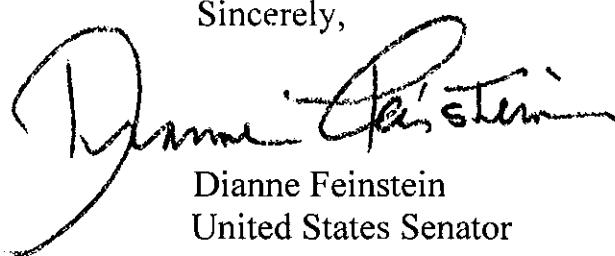
Dear Mr. Thomas:

Thank you for contacting my office regarding your concerns with your care level. I appreciate your bringing this to my attention and giving me an opportunity to see if my office can be of assistance.

I have asked Mirella Nieto in my San Francisco office to assist you. Ms. Nieto has contacted the Federal Bureau of Prisons on your behalf. You will hear back from my office when a response is received from the agency, which usually takes from six to eight weeks.

Again, thank you for contacting me. My San Francisco staff will do all they can to help you.

Sincerely,



Dianne Feinstein

Dianne Feinstein
United States Senator

DF:mn

FRESNO OFFICE:
2500 TULARE STREET
SUITE 4290
FRESNO, CA 93721
(559) 485-7430

LOS ANGELES OFFICE:
11111 SANTA MONICA BOULEVARD
SUITE 915
LOS ANGELES, CA 90025
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SAN DIEGO, CA 92101
(619) 231-9712

SAN FRANCISCO OFFICE:
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SUITE 2450
SAN FRANCISCO, CA 94104
(415) 393-0707

United States Senate

WASHINGTON, DC 20510-0504

<http://feinstein.senate.gov>

September 15, 2009

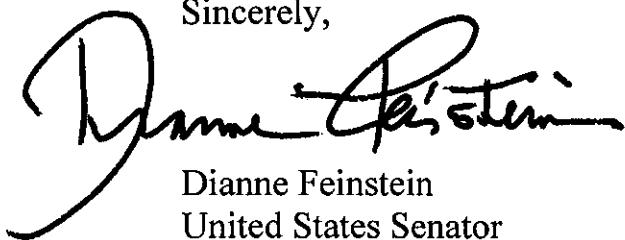
Mr. Leon Thomas
#06129-027
USP-Victorville
PO Box 5300
Adelanto, California 92301

Dear Mr. Thomas:

I am forwarding on to you the response I have received from the Federal Bureau of Prisons about your case.

I hope that this response is helpful and that the information outlined in it will clarify the situation for you. If you have further questions, or if there is any way my office can help you in the future, I hope you will contact me again.

Sincerely,



Dianne Feinstein
United States Senator

DF:mn

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Federal Bureau of Prisons

Western Regional Office

Western Regional Office

AUG 26 2009

Stockton, California 95219

August 21, 2009

The Honorable Dianne Feinstein
 United States Senator
 One Post Street, Suite 2450
 San Francisco, California 94104

ATTN: Mirella Nieto

RE: Thomas, Leon
 Reg. No. 06129-027

Dear Senator Feinstein:

This is in response to your letter dated July 24, 2009, and attached correspondence from Leon Thomas, an inmate incarcerated at the Federal Correctional Complex (FCC), Victorville, California. Mr. Thomas is a right leg amputee and is confined in a wheelchair. He claims he is designated to a prison facility which is not designed to accommodate his needs as a disabled person. He states he sustained back injuries from a fall in the shower stall, because the cell he was assigned did not facilitate a shower designed specifically for the disabled. Additionally, he states the cell is not large enough for a wheelchair to maneuver. He requests assistance from your office to transfer him to an institution or medical center to accommodate his medical disabilities.

Mr. Thomas arrived at FCC Victorville on August 14, 2008. On April 29, 2009, Mr. Thomas was placed in a holding cell during the processing of his cell assignment. The cell which Mr. Thomas was temporarily placed is designated for the disabled. It is a large space with rails and accommodates a wheelchair bound person. Our records indicate that when Mr. Thomas was taking a shower, he injured himself when moving from a sitting to standing position. Mr. Thomas was taken to the Health Services Department and a comprehensive injury assessment was performed. The examination revealed no swelling, inflammation, erythema, nor tenderness, with specific attention addressed to his left side complaints. There was no evidence of discoloration to his skin. He was able to bend forward without any complaint of pain on his upper extremities. A Ketorolac injection was administered to the backside of Mr. Thomas to alleviate his complaints of the sprain and strain of the lumbar area. He was released from the Health Services clinic and was returned to his housing unit to an appropriately assigned cell designated for the disabled.

Additionally, Mr. Thomas claims he is unable to rollover from side to side in bed. He alleges he is developing bed sores. On August 13, 2009, the Physician Assistant (PA) examined Mr. Thomas and did not find stasis ulcers (bed sores) on him. Institution staff have manufactured and installed a handle above his bed so he may turn himself over when needed. His bed was also widened to accommodate his physical size and weight, a man of approximately 312 pounds.

Mr. Thomas is currently incarcerated in a Care Level II facility, which is designated for inmates with chronic medical illnesses and are stable outpatients, requiring at least quarterly clinical evaluations. Inmates in the Care Level II category are independent in daily living. The cell to which he is assigned is of adequate size to accommodate his wheelchair. There are also appropriate height hand rails in his shower.

Mr. Thomas' request for transfer to a higher level facility was submitted on May 4, 2009, to the Bureau of Prisons, Health Services Division, Medical Designations. His current medical status was reviewed, and on May 5, 2009, the transfer was denied as Mr. Thomas can be effectively managed at the Care Level II designation.

I trust this information will be helpful to you and your constituent.

Sincerely,



Robert E. McFadden
Regional Director

cc: Warden, FCC Victorville